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| 09/805,590 | 03/13/2001 | 315 | 2821 | CO1104/70016 |
| | RULE | | | |

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** CONTINUING DATA *Yip / M.A.* *****

This appln claims benefit of 60/199,333 04/24/2000

and claims benefit of 60/211,417 06/14/2000

and is a CIP of 09/215,624 12/17/1998 PAT 6,528,954

which claims benefit of 60/071,281 12/17/1997

and claims benefit of 60/068,792 12/24/1997

and claims benefit of 60/078,861 03/20/1998

and claims benefit of 60/079,285 03/25/1998

and claims benefit of 60/090,920 06/26/1998

This application 09/805,590

is a CIP of 09/213,607 12/17/1998 ABN

and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919

and is a CIP of 09/213,581 12/17/1998

and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745

and is a CIP of 09/333,739 06/15/1999

and is a CIP of 09/344,699 06/25/1999

and is a CIP of 09/626,905 07/27/2000 PAT 6,340,868

and is a CIP of 09/669,121 09/25/2000

which is a CON of 09/425,770 10/22/1999 PAT 6,150,774

which is a CON of 08/920,156 08/26/1997 PAT 6,016,038

This application 09/805,590

is a CIP of 09/742,017 12/20/2000 ABN

which is a CON of 09/213,548 12/17/1998 PAT 6,166,496

This application 09/805,590

is a CIP of 09/213,537 12/17/1998 PAT 6,292,901

and is a CIP of 09/213,659 12/17/1998 PAT 6,211,626

** FOREIGN APPLICATIONS *Nen. r. / M.A.* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/23/2001

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Mark Don</i> Examiner's Signature Initials | | STATE OR COUNTRY MA | SHEETS DRAWING 24 | TOTAL CLAIMS 8 | INDEPENDENT CLAIMS 1 |
| ADDRESS 37462 LOWRIE, LANDO & ANASTASI RIVERFRONT OFFICE ONE MAIN STREET, ELEVENTH FLOOR CAMBRIDGE , MA 02142 | | | | | |
| TITLE Light-emitting diode based products | | | | | |
| FILING FEE RECEIVED 1182 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |